



SOURCE OF FUNDS APPLICATION FOR CHILD IN PLACEMENT

CHILD'S NAME	CHILD'S CASE NUMBER	DATE PLACED
SOCIAL WORKER'S NAME	TELEPHONE NUMBER	DATE COMPLETED

1. Was child living with either or both parents during the month the petition was filed or Voluntary Placement Agreement (VPA) signed? ☐ Yes ☐ No

If yes, is the home from which the child was removed receiving AFDC benefits on behalf of the child? ☐ Yes ☐ No

Case number: _____

If no, where was the child living during the last six months prior to placement: _____

2. Order of removal:

DATE OF ACTION	TYPE OF ACTION (SHELTER CARE, DEPENDENCY, ARP, VPA)	COURT ORDER NUMBER	AGENCY TO WHOM THE COURT AWARDED CUSTODY/SUPERVISION

3. Is the home from which the child removed receiving adoption support payments from Washington State? ☐ Yes ☐ No

4. Is the child certified as eligible for developmental disability services by the Division of Developmental Disabilities (DDD)? ☐ Yes ☐ No

If yes, attach documentation.

5. Does the child have medical and/or dental insurance? ☐ Yes (list below) ☐ No OR the child has medical coupons.

NAME OF INSURANCE COMPANY	NAME OF POLICY HOLDER	TYPE OF COVERAGE	POLICY NUMBER

6. Financial income/resources for child and parent(s):					7. Reunification plan:
INCOME SOURCE	FATHER	MOTHER	STEP PARENT	CHILD	
1. SSI					A. Initial referral Is there a court ordered plan? <input type="checkbox"/> Yes (Court order attached) <input type="checkbox"/> No Is there a plan as part of a voluntary placement? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent's name: _____ Duration of plan: _____ FROM _____ TO _____ Anticipated monthly cost to parent: \$ _____ Will compliance cause parent to become unemployed or significantly underemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. AFDC					
3. Check one. <input type="checkbox"/> SSA <input type="checkbox"/> L & I <input type="checkbox"/> VA					
4. Child support					
5. Earned income (wages) or unemployment comp.					
6. Retirement					
7. Other (bank account, etc.)					

IV-E SPECIALISTS USE ONLY	
1. Status of child: <input type="checkbox"/> DCFS not DDD <input type="checkbox"/> DCFS certified DDD <input type="checkbox"/> DJR not DDD	4. Date sent to DCS: 1st referral _____ 2nd referral _____
2. Date of placement: _____	5. Date sent to Medical Recovery: _____
3. Source of funds: <input type="checkbox"/> State only - Court <input type="checkbox"/> State only - Voluntary	<input type="checkbox"/> IV-E - Court <input type="checkbox"/> IV-E - Voluntary

☐ Court ordered parents to participate in a reunification plan. Court order attached.
Anticipated monthly cost to parent: \$ _____
Parent's name: _____
Duration of plan: _____ FROM _____ TO _____
Will compliance cause parent to become unemployed or significantly underemployed? ☐ Yes ☐ No

☐ Court did not order a reunification plan.